

5/14

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 05, 2001 8:00 am
Secretary of State

05-14-2001 90086 001 ***150.00

DOCUMENT # P00000006143

1. Entity Name

EGG TRADING, INC.

Principal Place of Business

**1011 LEMON TREE LANE
PALM HARBOR FL 34683**

Mailing Address

**1011 LEMON TREE LANE
PALM HARBOR FL 34683**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3632398

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GANTHER, JAMES S
101 E. KENNEDY BLVD.
SUITE 1030
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Dennis Koski

Street Address (P.O. Box Number is Not Acceptable)

1117 Florida Ave. UNIT D

City

Palm Harbor

FL

Zip Code

34683

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Dennis Koski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/30/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW !! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete**President
Ellen D. Giovanni
1011 Lemon Tree Lane
Palm Harbor 34683**TITLE ☐ Delete**Secretary
Gregory D. Giovanni
1011 Lemon Tree Lane
Palm Harbor Fla. 34683**TITLE ☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Change ☐ Addition**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Change ☐ Addition**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Change ☐ Addition**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Change ☐ Addition**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Change ☐ Addition**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ellen D. Giovanni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2001

Date

Daytime Phone #

CR2E034 (10/00)